

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Jesse Giddings 05-24237
Full Name of Plaintiff Inmate Number

v.

Civil No. _____
(to be filled in by the Clerk's Office)

Jines
Name of Defendant 1
"Under the color of law"

☒ Demand for Jury Trial
☐ No Jury Trial Demand

Ryan Barns
Name of Defendant 2
"Under the color of law"

Brad Shoemaker
Name of Defendant 3
"Under the color of law"

Harry Entz
Name of Defendant 4
"Under the color of law"

Cody Beck
Name of Defendant 5 "Under the color of law"
(Print the names of all defendants. If the names of all
defendants do not fit in this space, you may attach
additional pages. Do not include addresses in this
section).

FILED
WILLIAMSPORT
OCT 29 2021
PER JG
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

SG. Joseph DeFrancisco

NAME OF DEFENDENT 6 "Under the color of law"

Scott Metzger

NAME OF DEFENDENT 7 "Under the color of law"

Richard Mirabito

NAME OF DEFENDENT 8 "Under the color of law"

Tony Mussare

NAME OF DEFENDENT 9 "Under the color of law"

NURSE Malynn

NAME OF DEFENDENT 10 "Under the color of law"

NURSE Kim

NAME OF DEFENDENT 11 "Under the color of law"

NURSE Sheila

NAME OF DEFENDENT 12 "Under the color of law"

DR. Mc Glauklyn

NAME OF DEFENDENT 13 "Under the color of law"

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Giddings Jesse Derrick

Name (Last, First, MI)

05-24237

Inmate Number

Cycoming County Prison

Place of Confinement

277 West Third street

Address

Williamsport, PA 17701

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

☒

Pretrial detainee

☐

Civilly committed detainee

☐

Immigration detainee

☐

Convicted and sentenced state prisoner

☐

Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Jines

Name (Last, First)

Correctional Officer

Current Job Title

277 West Third street

Current Work Address

Williamsport, PA 17701

City, County, State, Zip Code

Defendant 2:

Ryan Barnes

Name (Last, First)

Deputy Warden

Current Job Title

277 West Third street

Current Work Address

Williamsport, PA 17701

City, County, State, Zip Code

Defendant 3:

Brad Shoemaker

Name (Last, First)

Warden

Current Job Title

277 West Third street

Current Work Address

Williamsport, PA 17701

City, County, State, Zip Code

Defendant 4:

Harry Entz

Name (Last, First)

LT

Current Job Title

277 West Third street

Current Work Address

Williamsport, PA 17701

City, County, State, Zip Code

Defendant 5:

Cody Beck

Name (Last, First)

Sgt

Current Job Title

277 West Third street

Current Work Address

Williamsport, PA 17701

City, County, State, Zip Code

DEFENDENT 6

Joseph DeFrancisco

Sgt

277 West Third street

Williamsport, PA 17701

DEFENDENT 7

Scott Metzger

Commissioner

48 West Third street

Williamsport, PA 17701-6514

DEFENDENT 8

Richard Mirabito

Commissioner

48 West Third street

Williamsport, PA 17701-6514

DEFENDENT 9

Tony Mussare

Commissioner

48 West Third street

Williamsport, PA 17701-6514

DEFENDENT 10

Malynn

Nurse

277 West Third street

Williamsport, PA 17701

DEFENDENT 11

Kim

Nurse

277 West Third street

Williamsport, PA 17701

DEFENDENT 12

Sheila

Nurse

277 West Third street

Williamsport, PA 17701

DEFENDENT 13

McGlauklyn

Doctor

277 West Third street

Williamsport, PA 17701

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

On G-Block I was in 14 cell the date was 9-13-21 at around 11:57 lunch time, the camera will show exact time.

B. On what date did the events giving rise to your claim(s) occur?

On 9-13-21 is where the events took place.

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

On 9-13-21 C-O Swain kicked at my face while I was sitting on the floor of my cell and something from the sole of his boot went into my eye. I ask ~~multiple~~ multiple C-O to get me a Nurse and White shirt and no one came to my Aid, I also ask that I be able to file a Criminal complaint and still didn't get any help. I ask C-O Koon, C-O Kuhns and C-O Sisily who was a trainee on this day. I received a Request Slip from C-O Farley and was told to write medical, I wrote medical thinking I would receive some help and I still didn't get any help with the situation.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

My 14th Amendment for Due Process and
My 8th Amendment Crule an Unusual
Punishment.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

My right eye gets like a blurry effect at
time and starts to water at times when I get
this blurry effect.

VI. RELIEF

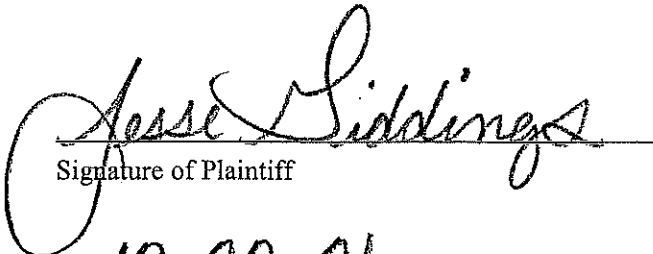
State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I would like monetary relief I want medical
for my eye to make sure this Issue with my
eye dont get worse I also want to make sure
this officer cant do this to any other inmates/
he needs to Re-sign.

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.


Signature of Plaintiff

10-22-21
Date

Jesse Giddings # 05-24237

Lycoming County Prison

P.O. Box 247

Phoenix, MD 21131-0247

United States District Court
Middle District of Pennsylvania
U.S. Courthouse & Federal Office
240 West Third Street, Suite 6
Williamsport, PA 17701

